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REMARKS: Serial No. 10/680,769, filed October 7, 2003
Attached hereto, please find a Second Reply To Office Action Of 12/29/2004

Total Number of Pages (Including This One): 12

FROM: Daniel J. Krueger, Direct Dial No. 713/238-8055

DATE: April 27, 2005

ATTORNEY DOCKET NO. 1391-30102

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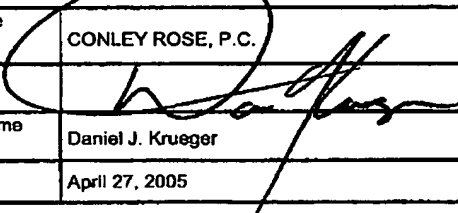
PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/680,769
	Filing Date	October 7, 2003
	First Named Inventor	James E. MASINO
	Art Unit	2837
	Examiner Name	R. Leykin
	Attorney Docket Number	1391-30102
Total Number of Pages in This Submission		12

ENCLOSURES (Check all that apply)		
☒ Fee Transmittal Form ☒ Fee Attached ☒ Amendment/Reply ☒ After Final ☐ Affidavits/declaration(s) ☐ Extension of Time Request ☐ Express Abandonment Request ☐ Information Disclosure Statement ☐ Certified Copy of Priority Document(s) ☐ Reply to Missing Parts/Incomplete Application ☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53	☐ Drawing(s) ☐ Licensing-related Papers ☐ Petition ☐ Petition to Convert to a Provisional Application ☐ Power of Attorney, Revocation ☐ Change of Correspondence Address ☐ Terminal Disclaimer ☐ Request for Refund ☐ CD, Number of CD(s) _____ ☐ Landscape Table on CD	☐ After Allowance Communication to TC ☐ Appeal Communication to Board of Appeals and Interferences ☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) ☐ Proprietary Information ☐ Status Letter ☒ Other Enclosure(s) (please identify below): Fax Coversheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	CONLEY ROSE, P.C.		
Signature			
Printed name	Daniel J. Krueger		
Date	April 27, 2005	Reg. No.	42,771

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Jennifer Ringer	Date	April 27, 2005

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 200

Complete If Known

Application Number	10/680,769
Filing Date	October 7, 2003
First Named Inventor	James E. MASINO
Examiner Name	R. Leykin
Art Unit	2837
Attorney Docket No.	1391-30102

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 03-2769 Deposit Account Name: CONLEY ROSE, P.C.
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FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$) <td>Fee Paid (\$) <td></td> <td></td> <td></td> </td>	Fee Paid (\$) <td></td> <td></td> <td></td>			
- 5 or HP =	1	x 200	= 200			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

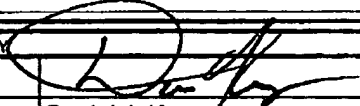
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY		Registration No. <u>42,771</u>	Telephone <u>(713) 238-8000</u>
Signature		(Attorney/Agent)	
Name (Print/Type)	<u>Daniel J. Krueger</u>	Date	<u>April 27, 2005</u>

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